

Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

MAY 2 3 2017

Office Use:

T171375

1	Statement Information					
	Date: <u>05/18/2017</u>					
	Type: New Amended (if amending, enter MEC ID C171142 & section changed					
2	Committee Information (C Transportation Transit and Tourism Committee (KC3T)					
	Name of Committee PO Box 412521 Kansas City, MO 64141		(816) 719-0805			
	Cambian Addison Addison State, & Zip		Telephone Number			
	Onicial Continuese citial Address	Kansas City County Board of Elections County Clerk or Board of Election Commissioners				
	Committee Type: Campaign Candidate Continuing		Debt Service	Exploratory	Political Pary	
3	Treasurer/Deputy Treasurer Information					
	latthew Dameron					
	Treasurer's Name (First & Last)	Treasurer's E	Treasurer's Email Address (optional)			
	PO Box 412521 Kansas City, MO 64141		(816) 876-2600		01	
	Treasurer's Mailing Address, City, State, & Zip	Phone 1		Phone 2		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address		(optional)		
						
	Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1		Phone 2		
4.	Additional Committee Information					
	Additional Committee Officer's Name & Title (if any)		Additional Committee Officer's Mailing Address, City, State, & Zip			
	Connected Organization's Name (if any)	ccted Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip				
	CANDIDATES: Do you have more than one candidate committee?	Yes (r	efer to instructi	ons on back)	No	
5.	Official Bank Account Information (required by all committees)					
6.	Candidate Supported or Opposed (candidate committees must in	clude self,	if candidate)	·		
			·····			
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1		Phone 2		
	Election Date Office Sought & Political Subdivision	Political Party		Support or Oppo	se	
7.	Ballot Measure Supported or Opposed (campaign committees mu	ıst comple	te this section)		THE WORLD	
	Name of Ballot Measure	Election Date &	Political Subdivision	Support or Oppos	e	
3.	Signature(s) Check certification(s) & sign (required by all committee					
	maffirm and attest under penalty of perjury that information and		•	•		
	further acknowledge that I am aware that any false statement or d	eciaration	made herein is i	punisnable under	cn. 5/5 KSMo.	
	/Ylathu Land	Candidate (Candidate Committees Only)				